



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200002

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FORDHAM ASSOCIATES INC.

DOING BUSINESS AS ALEPPO TEMPLE

ADDRESS 99 FORDHAM RD.

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: STONE, PETER K TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: MAIN FUNCTION HALL, STORAGE ROOM, OFFICE AND LAVATORIES.  
SECOND FLOOR: MEETING HALL, CONFERENCE ROOMS, DINING ROOM, KITCHEN,  
OFFICES, LAVATORIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200003

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 BOSTON, INC.

DOING BUSINESS AS 99 RESTAURANT-PUB

ADDRESS 144 LOWELL ST.

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: MC DONALD,  
MARTY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONSISTING OF 5,400 SQ. FT. USED FOR RESTAURANT AND KITCHEN;  
SECOND FLOOR CONSISTING OF APPROXIMATELY 1,800 SQ. FT. USED AS OFFICE AND  
STORAGE ROOM; NO BASEMENT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200004

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PACIFIC SUNSHINE INC.

DOING BUSINESS AS PACIFIC GROVE

ADDRESS 217 LOWELL ST.

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: HUI, VICTOR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF 3,582 SQ FT OF FLOOR AREA WITH FOLLOWING SPACED,  
KITCHEN & STORAGE, 990 SQ. FT., EXISTING AREA OF RESTAURANT, 2,592 SQ. FT. PUBLIC  
REST ROOMS IN ADDITION.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200005

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROCCO'S RESTAURANT, INC.

DOING BUSINESS AS ROCCO'S REST.

ADDRESS 193 MAIN ST.

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: DEPASQUALE,  
ROCCO V. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONTAINS RESTAURANT AND KITCHEN, TWO LAVATORIES AND STORAGE;  
SECOND FLOOR CONTAINS APARTMENT RESIDENCE--CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200007

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 4982 BUILDING ASSOCIATION INC.

DOING BUSINESS A WILMINGTON KNIGHTS OF COLUMBUS

ADDRESS 112 Middlesex Ave

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: Liston, William

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: FUNCTION ROOM, 2,600 SQ. FT., MEETING ROOM, OFFICE, BRIDE'S ROOM, BOILER ROOM, STORAGE ROOM, RECORDER'S ROOM. SECOND FLOOR: FUNCTION ROOM, 3,000 SQ. FT. TWO BATHROOMS, COAT ROOM, KITCHEN AND STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200009

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVIARCH, LLC

DOING BUSINESS AS COLONIAL PARK LIQUORS

ADDRESS 35 LOWELL ST

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: PATEL, NIMISHA PTYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200010

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 211 LOWELL ST CORP

DOING BUSINESS A EASTGATE LIQ

ADDRESS 211 LOWELL ST

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: Walls, Daniel J

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL LIQUOR - 48' X 120' RETAIL FLOOR 50' X 62' BACK ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200011

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MYSTIC LIQUORS, INC.

DOING BUSINESS AS WILMINGTON PLAZA WINE & SPIRITS

ADDRESS 258 MAIN STREET

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: MACIEJEWSKI,  
STEVEN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5066 SQ. FT. STORE AT 188 MAIN ST., WILMINGTON PLAZA, 4,100 SQ. FT. SELLING AREA,  
966 SQ. FT. STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200012

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHOP RITE LIQUORS, INC.

DOING BUSINESS AS ELIA'S COUNTRY STORE

ADDRESS 381 MIDDLESEX AVE

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: ELIA, MICHAEL J

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY RETAIL SPACE CONTAINING APPROX 1943 SF. PREMISE WILL CONTAIN A  
DISPLAY AREA, WALK IN COOLER, STORAGE AND A DELIVERY AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200014

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICHAEL'S PLACE, INC.

DOING BUSINESS AS

ADDRESS 110 LOWELL STREET

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: MCCOY,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

MICHAEL V.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGE STORY WOOD FROM BRICK VENEER BUILDING WITH AN AREA OF APPR. 3,300SQ.FT. KITCHEN AREA 1097 SQ. FT. DINING AREA 1,457 SQ.FT. CUSTOMER ENTRANCES AT FRONT AND RIGHT SIDE OF BUILDING. DELIVERIES ARE MADE AT LEFT REAR DOOR. INTERIOR CONSISTS OF KITCHEN, STORAGE AND DINING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200016

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOCACCIA, INC.

DOING BUSINESS A FOCACCIA RESTAURANT

ADDRESS 2 LOWELL STREET ROUTE 129

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: DEPESA, ROBERT TYPE OF LICENSE: Restaurant  
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA, BAR, BAKERY, FUNCTION ROOM, OFFICE, REST ROOMS KITCHEN AND  
STORAGE ON FIRST FLOOR, THREE ENTRANCES AT FRONT AND FOUR EXITS AT REAR OF  
PREMISES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200017

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT P. McCANN JR.

DOING BUSINESS A MAIN STREET LIQUORS

ADDRESS 335 MAIN STREET

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: McCANN JR.,  
ROBERT P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200019

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A & C STONE, INC

DOING BUSINESS AS GOLDEN GINGER RESTAURANT

ADDRESS 225 Main Street

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: YANG, YING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR PREMISES APPROX. 3,725 SQ. FT. IN THE WILMINGTON CROSSING SHOPPING PLAZA. PREMISES CONTAIN ONE KITCHEN AND ONE DINING ROOM. ENTRANCE IN THE FRONT OF THE BUILDING WITH EGRESS IN THE REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 148200020

CITY OR TOWN WILMINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC

DOING BUSINESS A CHILI'S GRILL & BAR

ADDRESS 207 MAIN STREET

CITY/TOWN: WILMINGTON

STATE: MA

ZIP CODE: 01887

MANAGER: LIZOTTE, TRAVIS TYPE OF LICENSE: Restaurant  
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FREE STANDING BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)